

# STATE BOARD OF CRANE OPERATORS

**MAILING ADDRESS**

STATE BOARD OF CRANE OPERATORS  
P.O. BOX 2649  
HARRISBURG, PA 17105

**COURIER ADDRESS**

STATE BOARD OF CRANE OPERATORS  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

**PHONE** 717-783-1404

**FAX** 717-705-5540

**E-MAIL** [ra-craneoperators@pa.gov](mailto:ra-craneoperators@pa.gov)

**WEBSITE** [www.dos.state.pa.us/craneoperators](http://www.dos.state.pa.us/craneoperators)

## CERTIFYING ORGANIZATION APPROVAL APPLICATION

### INFORMATION

1. Complete the application and submit with fee payable by check or money order and all supporting documents.
2. You will be notified of discrepancies by correspondence or email.

The Board **will** deny an application for approval on the basis that it is not equivalent to certification issued by NCCCO for any one or more of the following reasons:

1. The applicant is not accredited by either ANSI or NCCA.
2. The applicant has not entered into an agreement with OSHA for the purpose of recognizing its program as a validation of the competency and certification of the qualifications of crane operators.
3. The applicant failed to verify this application.
4. A material statement on this application that the applicant knows or has reason to know is false.
5. The applicant fails to comply with ASME Standards and 29 CFR § 1926.1427.

The Board **may** deny an application for approval if the Board finds that the applicant, its parent, its subsidiary, or an entity affiliated with the applicant has been the subject of disciplinary action in another jurisdiction, or has been found in a civil proceeding or criminal proceeding to have been engaged in fraudulent conduct, misrepresentation, unfair commercial or consumer practices, breach of contract or negligence.

Upon final review and approval by the Board you will receive confirmation of your status as a certifying organization.

**If a pending application is older than one year from the date submitted online and the applicant wishes to continue the application process, the Board will require the applicant to submit a new application including the required fee.**

**In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.**

# STATE BOARD OF CRANE OPERATORS

**MAILING ADDRESS**

STATE BOARD OF CRANE OPERATORS  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

**COURIER ADDRESS**

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2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

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## CERTIFYING ORGANIZATION APPROVAL APPLICATION

### \$1,000.00 NON-REFUNDABLE APPLICATION FEE.

Check or money order only, made payable to the "Commonwealth of Pennsylvania."  
There is a \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

### SECTION 1.

ORGANIZATION NAME:		
	P O BOX # / STREET	
	CITY/STATE	
	ZIP CODE	
	NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO ACT AS APPLICANT'S AGENT:	
CORPORATE ORGANIZATION TYPE:	STATE(S) OF INCORPORATION OR ORGANIZATION:	
DAY TELEPHONE NUMBER:	FAX:	
WEBSITE ADDRESS:		
VIA E-MAIL ADDRESS:	DO YOU WISH TO BE CONTACTED BY EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### SECTION 2. NAME, TITLE AND PRINCIPAL BUSINESS ADDRESS OF EACH OFFICER.

IF THERE ARE MORE THAN THREE OFFICERS, LIST ADDITIONAL NAMES, TITLES AND ADDRESSES ON A SEPARATE SHEET.

NAME & TITLE	BUSINESS NAME	ADDRESS/CITY/STATE/ZIP

### SECTION 3. SUBMIT A LIST OF NAMES AND ADDRESSES OF ANY PARENT OR SUBSIDIARY ENTITIES OF APPLICANT.

ATTACH ADDITIONAL NAMES ON A SEPARATE SHEET.

BUSINESS NAME	ADDRESS/CITY/STATE/ZIP

IN ADDITION TO PARENT OR SUBSIDIARY COMPANIES, LIST NAMES AND ADDRESSES OF EACH AFFILIATED ENTITY (§6.53(a) (5), (6)) ATTACH ADDITIONAL AFFILIATED COMPANIES ON A SEPARATE SHEET.

BUSINESS NAME	ADDRESS/CITY/STATE/ZIP

**YOU MUST ATTACH A SUMMARY DESCRIPTION OF THE TESTING AND CERTIFICATION PROGRAM. THIS REQUIREMENT MAY BE SATISFIED BY ATTACHING A COPY OF THE CANDIDATE HANDBOOK, CANDIDATE INFORMATION BULLETIN, OR OTHER SIMILAR DOCUMENT PUBLISHED BY THE APPLICANT.**

THIS ORGANIZATION ACCREDITED BY \_\_\_\_\_ ANSI \_\_\_\_\_ NCCA \_\_\_\_\_ BOTH

	YES	NO
1. IS THIS APPLICANT'S TESTING AND CERTIFICATION PROGRAM EQUIVALENT TO THE TESTING AND CERTIFICATION PROGRAM USED BY NCCCO AS SET IN §6.53(d)?		
2. HAS THIS APPLICANT ENTERED INTO A VOLUNTARY AGREEMENT WITH OSHA FOR THE PURPOSE OF RECOGNIZING ITS PROGRAM AS A VALIDATION OF THE COMPETENCY AND CERTIFICATION OF THE QUALIFICATIONS OF CRANE OPERATORS?		
3. DOES THIS APPLICANT ISSUE CERTIFICATION FOR EACH CRANE TYPE DESCRIBED IN 49 Pa Code §6.14 (a), THAT HAS BEEN ACCREDITED BY NCCA OR ANSI? IF NO, LIST CRANE TYPES THAT ARE ACCREDITED:		
4. DOES THIS APPLICANT ISSUE CERTIFICATION FOR ANY FUNCTION OR OCCUPATION OTHER THAN CRANE OPERATOR WHICH IS RELATED TO THE OPERATION OF A CRANE? IF YES, LIST OTHER CERTIFICATIONS OFFERED:		
5. DOES THIS APPLICANT'S PROGRAM OF TESTING AND CERTIFICATION COMPLY WITH STANDARDS SET FORTH BY ASME AND OSHA?		

**CHECKLIST OF ITEMS YOU MUST ATTACH:**

- \_\_\_\_\_ COPY OF ARTICLES OF INCORPORATION.
- \_\_\_\_\_ COPY OF ACCREDITATION BY NCCA OR ANSI.
- \_\_\_\_\_ COPY OF VOLUNTARY AGREEMENT WITH OSHA.

**SECTION 4:**

**The applicant's authorized representative acknowledges the following conditions for approved certifying organizations:**

**The applicant may not hold itself out as a certifying organization in the Commonwealth of Pennsylvania prior to the date of the order approving the application.**

**A certifying organization must give notice in writing within 10 days to the Board and each individual holding its certification of any change to accreditation by NCCA or ANSI.**

**A certifying organization must immediately and voluntarily cease and desist from issuing certifications, or hold itself out as a certifying organization in the Commonwealth upon suspension, withdrawal or termination of accreditation by ANSI or NCCA.**

**A certifying organization must submit to the Board within 30 days of receipt from ANSI or NCCA a copy of each certificate of renewal of accreditation.**

**The authorization to issue certifications in the Commonwealth is not transferable.**

**Approval as a certifying organization will cease to be effective by operation of law upon failure of the certifying organization to comply with the obligations set forth in section 6.55(a)(6), (7), (8) or (9), or suspension, withdrawal or termination of accreditation by NCCA or ANSI.**

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**I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. §4911, relating to tampering with public records or information, and may result in the denial, suspension or revocation of approval as a certifying organization.**

**I further certify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, and may result in the denial, suspension or revocation of approval as a certifying organization.**

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**Signature of authorized agent**

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**Date**